



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$531419258
Outpatient Patient Service Revenue	\$1034583862
Total Gross Patient Service Revenue	\$1566003120

2. Deductions From Revenue

Contractual Allowance	\$1086913948
Other Deductions	\$-781384
Total Deductions	\$1086132564

3. Total Operating Revenue

Net Patient Service Revenue	\$479870556
Other Operating Revenue	\$23980169
Total Operating Revenue	\$503850725

4. Operating Expenses

Salaries and Wages	\$198384172	Employee Benefits	\$36999298
Depreciation and Amortization	\$14752051	Interest Expense	\$1328
Bad Debt	\$33416211	Other Expenses	\$205824891
Total Operating Expenses	\$489377951		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$14472774	Total Assets	\$305429190
Net Non-operating Gains over Loss	\$197564	Total Liabilities	\$305429190

Total Net Gains	\$14670338
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$708611014	\$570448201	\$138162813
Medicaid	\$220693064	\$167622399	\$53070665
Other Government	\$17475266	\$14580349	\$2894917
Other State	\$0	\$0	\$0
Other Payers	\$619223777	\$366897826	\$252325951
Total	\$1566003121	\$1119548775	\$446454346

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$72459	\$528164	\$-455705

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$219589	\$-219589

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$817790	\$2685701	\$-1867911
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	5
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	4405

Statement Six: Charity Statement

Hospital Charity Charges	\$28664778
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$8344317	
HCI Payments	\$0		
Subtotal	\$0	\$8344317	\$-8344317
Medicaid Shortfalls	\$48700102	\$81649966	
Subtotal	\$48700102	\$89994283	\$-41294181
DSH Payments	\$0		
Subtotal	\$48700102	\$89994283	\$-41294181
Medicare Shortfalls	\$69447818	\$82824551	
Other Government Programs	\$0	\$0	
Total	\$118147920	\$172818834	\$-54670914

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$82553426	\$95584782	\$-13031356
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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